

**ACCESSIBLE HOMES FOR SENIORS (55+)  
PILOT PROGRAM**

Property Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name(s) of legal owner(s): \_\_\_\_\_

Year Built: \_\_\_\_\_ Property Insurance Company \_\_\_\_\_

Insurance Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount of Coverage: \$ \_\_\_\_\_ Agent's Name: \_\_\_\_\_ Agent's Phone No \_\_\_\_\_

**Check the accessibility improvements you think you may need:**

- ☐ Outside ramp ☐ Doorways widened ☐ Stair lift ☐ Hand rails ☐ Grab bars/shower or tub seat/hand held shower ☐ Lever handles for doors/faucets ☐ Electrical outlets relocated/rocker light switches ☐ Additional lighting ☐ Closet modifications ☐ Laundry relocation ☐ First floor bathroom addition/renovations ☐ First floor bedroom addition ☐ Other: \_\_\_\_\_

Do you have a preferred contractor? If so, who? \_\_\_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address (if different from property address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Name and Address of Employer: \_\_\_\_\_

☐ Self-employed: Type of Business: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**CO-APPLICANT INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Name and Address of Employer: \_\_\_\_\_

☐ Self-employed: Type of Business: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**GROSS MONTHLY INCOME**

| ITEM                         | APPLICANT | CO-APPLICANT | TOTAL |
|------------------------------|-----------|--------------|-------|
| BASE EMPLOYEE INCOME         | \$        | \$           | \$    |
| OVERTIME                     |           |              |       |
| BONUSES/COMMISSIONS          |           |              |       |
| DIVIDENDS, INTEREST          |           |              |       |
| PENSIONS, SOC. SEC., ANNUITY |           |              |       |
| ALIMONY, CHILD SUPPORT       |           |              |       |
| NET RENTAL INCOME            |           |              |       |
| OTHER                        |           |              |       |
| <b>TOTAL</b>                 | \$        | \$           | \$    |

DESCRIBE OTHER INCOME OF **ALL PERSONS** 18 YEARS  
OF AGE OR OLDER RESIDING IN APPLICANT'S HOUSEHOLD.**Monthly Income**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL NUMBER OF ALL PERSONS IN HOUSEHOLD: \_\_\_\_\_

**MONTHLY HOUSING EXPENSE**

| ITEM                       | AMOUNT |
|----------------------------|--------|
| FIRST MORTGAGE (P & I)     | \$     |
| OTHER MORTGAGES (P & I)    |        |
| HAZARD INSURANCE           |        |
| REAL ESTATE TAXES          |        |
| MORTGAGE INSURANCE         |        |
| HOMEOWNER ASSOCIATION DUES |        |
| OTHER                      |        |
| TOTAL MONTHLY PAYMENT      | \$     |
| UTILITIES                  |        |
| <b>TOTAL</b>               | \$     |

**NOTICES**

In accordance with Executive Order 01.01.1983.18, the Maryland Department of Housing and Community Development advises you as follows regarding the collection of personal information:

The information requested by the Maryland Department of Housing and Community Development (the "Department") is necessary in determining your eligibility for a Single Family Programs loan. Your failure to disclose this information may result in the denial of your application for a loan. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et. seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department, the staff of the local administrator for the loan, and participating mortgage lender, if any, for purposes directly connected with administration of the loan and the loan program. Such information is not routinely shared with state, federal or local government agencies, but would be made available to the extent consistent with the Maryland Public Information Act. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

Any person who knowingly makes, or causes to be made, a false statement or representation relative to this loan application shall be subject to criminal prosecution, a fine of up to \$5,000 and/or imprisonment up to two years and if a loan has been made, immediate call of the loan requiring payment in full of all amounts disbursed, pursuant to Housing and Community Development Article, Section 4-933, Annotated Code of Maryland.

I/We authorize the Program or its agent to obtain credit information for the purpose of evaluating this application and disclose this same information to local agencies participating in the Program and/or a private lending institution agreeing to participate in the loan.

### **DOCUMENTATION TO BE SUBMITTED WITH THE APPLICATION**

- ☐ Copy of the Deed to the property.
- ☐ Copy of Death certificate for any names on the deed, if applicable.
- ☐ Copy of your social security award letter or pension or copy of bank statement showing deposit.
- ☐ Copy of most recent pay stub for each employed person in the household.
- ☐ If self employed, 3 years of federal income tax returns.
- ☐ Copy of first page of your homeowners insurance policy.
- ☐ Copy of your most recent tax bill.
- ☐ Contractor's proposal, if available.

### **MARKETING DATA**

The following information is optional and will be used by the Department to evaluate the effectiveness of its marketing and outreach efforts. If you would like to provide this information, please indicate below how you became aware of this program:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Radio                   | <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Local Government Agency | <input type="checkbox"/> State Agency    | <input type="checkbox"/> Other _____   |

### **OPTIONAL DEMOGRAPHIC DATA**

- |  |                                      |  |                                 |
|--|--------------------------------------|--|---------------------------------|
| <input type="checkbox"/> American Indian/Alaska native | <input type="checkbox"/> White       | Applicant: <input type="checkbox"/> Male |                                 |
| <input type="checkbox"/> Asian/Pacific Islander        | <input type="checkbox"/> Hispanic    |  | <input type="checkbox"/> Female |
| <input type="checkbox"/> African American              | <input type="checkbox"/> Other _____ |  |                                 |

### **SUBMIT APPLICATION TO:**

**SPECIAL LOAN PROGRAMS - AHFS  
MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
100 COMMUNITY PLACE  
CROWNSVILLE, MD 21032**